**MEDICAL CERTIFICATE**

**Competitive sport activity**

*(It is compulsory to fill every part of this form and put the doctor’s signature and stamp)*

I, the undersigned, Dr........................................................................., Doctor of Medicine (licensed physician), on the basis of the medical tests.

**CERTIFY that**

Mr.................................................................................................................................... - born on

.................................................. in ........................................... resident in .....................................

address.............................................................................................................................................

can practice competitive Swimming activity. This means that he is physically and mentally able

to participate in the “OCEANMAN Cyprus”, a long-distance Open Water Swimming race

with a high cardio-vascular effort, fixed on 9-10 November 2019.

This certificate is valid for ............................................ and will expire on ...................................

(*it must be valid the day of the event*).

*Date: .........................................................*

*Location: ...................................................*

*Doctor's Stamp & Signature: ...........................................................................................................*